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RUEKJCS/SECDEF WASHINGTON DC PRIORITY
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S E C R E T SECTION 01 OF 02 BANGKOK 002606

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STATE FOR EAP/MLS, NSC FOR BADER

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TAGS: PREL PGOV TH

SUBJECT: THAILAND: KING BHUMIBOL HOSPITALIZATION UPDATE

REF: BANGKOK 2488

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Classified By: Ambassador Eric G. John, reason 1.4 (b,d)

¶1. (S) Summary: As King Bhumibol's hospitalization pushes close to four weeks, elements of why he was hospitalized and why it has lasted so long have become clearer, even as it seems that he has recovered physically. It appears likely that issues related to his Parkinson's led to the initial hospitalization, that he probably caught pneumonia about a week into his stay at Siriraj hospital, and that what a number of informed observers describe as depression hinders a quick recovery. One palace source indicated that the King was out of bed and cleared for discharge by October 6, but that he had chosen to remain in hospital to facilitate physical therapy.

¶2. (S) Comment: The mid- to long-term implications of the extended hospitalization remain unclear. Privy Council Chair Prem told Dutch diplomats to expect the King to remain in hospital through the end of October and not to deliver his annual Birthday Address in December. Given the difficulty with which the King now speaks (several of his semi-public speaking engagements, such as the State dinner for the visiting Malaysian King in the spring, were marked by frequent loss of place, repetitions, and a very soft voice), it may be that he has already delivered his final such national address (in 2007), even if he lives on for years. For now, it does not appear the King's hospitalization is affecting the political process in any way; opposition red-shirts still plan to hold a rally October 17 focused on lack of progress in Royal Thai Government review of their petition to the King for a pardon for fugitive former PM Thaksin. Septel will examine different centers of influence within the Thai monarchy and implications for dynamics during succession, as well as purported negotiations with Thaksin via intermediaries. End Summary/Comment.

Longer, and possibly more serious, than initially thought?

¶3. (S) Few would have predicted at the time of a routine September 15 check-up that King Bhumibol was on the cusp of a month-long hospitalization. Initial reports seemed focused on a low-grade temperature and difficulty swallowing; the absence of stress on the part of insiders or visits by the

Queen and Princess Sirindhorn seemed proxy indicators that the hospitalization was not particularly serious (reftel). A series of conversations over the past several weeks with contacts in the palace, and those with connections inside the medical team treating the King at Siriraj Hospital, combined with the opaque, generally cheerful daily medical bulletins from the Royal Household Bureau, paint a more nuanced picture of what may have been going on with King Bhumibol's health.

¶ 14. (S) Several sources reported that the King had difficulties moving his tongue or swallowing initially, which matches public reports that he was put on IV/feeding tubes for the first part of the hospitalization, and that outside neurologist consultants were called in to examine the King several weeks into his hospitalization. The King is known to be suffering from Parkinson's; one of our sources, whose father died of Parkinson's, stated that he believed complications from Parkinson's led to the initial hospitalization (he also noted in passing that his father exhibited symptoms very similar to the King approximately two years before his death). There has also been some speculation whether he might have suffered a minor stroke.

¶ 15. (S) About ten days into his hospitalization, King Bhumibol appeared to be recovering, with the low-grade fever disappearing for several days. Once the fever returned, the Royal Household Bureau daily updates started mentioning chest x-rays, lung inflammation, and a full course of anti-biotics. While "pneumonia" was never mentioned, the descriptions fit the definition, as well as highlight the perils of weakened, elderly patients in hospitals; one medical doctor who has not had access to the King or his records nevertheless suggested the King had suffered from aspirated pneumonia. Not mentioned as well were the start of hospital visits by

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members of the Royal family, including overnight stays by Princess Sirindhorn. Access to two floors of Siriraj hospital was even more tightly controlled the past two weeks, according to our sources.

¶ 16. (S) DPM Suthep confirmed to then-Charge on October 1 reftel's assessment that King Bhumibol exhibits classic symptoms of depression. Tapping his forehead, Suthep claimed that the King's physical health was okay, but that the really worry was his state of mind, depressed at the state of affairs in his Kingdom at the end of his life.

What next? No early release, apparently

¶ 17. (S) One contact in the office of the King's Principal Private Secretary told us October 8 that the King had started walking about in the hospital October 6 and that, noticing that the Grand Palace was not lit late at night, gave instructions for lights to be turned on so that he could see it. The King's physicians had given him clearance to leave the hospital for nearby Chitradipa Palace, according to our contact, but the King had chosen to remain in hospital to facilitate his physical therapy sessions. The October 12 daily public update indicated that the King's health continued to improve, and that his latest blood tests were "normal."

¶ 18. (C) Privy Council Chair Prem told Dutch diplomats October 8 not to expect the King to leave hospital before the upcoming ASEAN Summit (October 23-25). Prem also stated that the King would not be delivering his traditional birthday address in December.

JOHN